



Atty. Dkt. No. 355908-3053

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

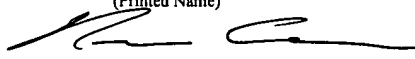
Applicant: Anthony E. BOLTON et al.  
Title: APOPTOTIC ENTITIES FOR USE  
IN TREATMENT OF  
NEURODEGENERATIVE AND  
OTHER NEUROLOGICAL  
DISORDERS

Appl. No.: 09/871,146

Filing Date: 5/25/2001

Examiner: O. Chernyshev

Art Unit: 1646

|  |                                   |
|--|-----------------------------------|
| CERTIFICATE OF EXPRESS MAILING<br>I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                   |
| EV 576633655 US<br>(Express Mail Label Number)   | 22 June 2005<br>(Date of Deposit) |
| Rene Campos<br>(Printed Name)  |                                   |
| <br>(Signature)  |                                   |

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

|               | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate    |   | Additional<br>Claims Fee |
|---------------|-------------------------|---|------------------------|---|----------------------------|---|---------|---|--------------------------|
| Total Claims: | 14                      | - | 31                     | = | 0                          | x | \$50.00 | = | \$0.00                   |

|  |   |   |   |   |   |   |          |   |        |
|--|---|---|---|---|---|---|----------|---|--------|
| Independent<br>Claims:                               | 4 | - | 5 | = | 0 | x | \$200.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: |   |   |   |   |   | + | \$360.00 | = | \$0.00 |
| CLAIMS FEE TOTAL                                     |   |   |   |   |   |   |          | = | \$0.00 |

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|  |            |            |
|--|------------|------------|
| <input type="checkbox"/> Extension for response filed within the first month:            | \$120.00   | \$0.00     |
| <input type="checkbox"/> Extension for response file d within the second month:          | \$450.00   | \$0.00     |
| <input checked="" type="checkbox"/> Extension for response filed within the third month: | \$1,020.00 | \$1,020.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month:           | \$1,590.00 | \$0.00     |
| <input type="checkbox"/> Extension for response filed within the fifth month:            | \$2,160.00 | \$0.00     |
| EXTENSION FEE TOTAL:   |            | \$1,020.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):               | \$130.00   | \$0.00     |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:  |            | \$1,020.00 |
| <input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):       |            | \$510.00   |
| TOTAL FEE:   |            | \$510.00   |

☐ Please charge Deposit Account No. 50-0872 in the amount of \$510.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$510.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6-23-05

By Gerald F. Swiss

FOLEY & LARDNER LLP  
Customer Number: 38706  
Telephone: (650) 251-1103  
Facsimile: (650) 856-3710

Gerald F. Swiss  
Attorney for Applicant  
Registration No. 30,113